

ISSUE SLIP STAPLE HERE (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	BZ	897	10-25-01
RESPONSE FORMALITY REVIEW	us	50406	03/12/02

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	N
10	N
11	N
12	✓
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50	✓

Claim	Date
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Claim	Date
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 (Rev. 6)

If more than 150 claims or 10 actions  
staple additional sheet here

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